

**Mental Health Medication Advisory Committee Meeting
Meeting Minutes, Open Session
May 8, 2018 at 2 pm – 4:30 pm**

MHMAC
Open Session
DXC Technology
Capital Room
6511 SE Forbes Ave,
Topeka, KS 66619

Committee Members Present:

DeAnn Jenkins, MD (Chair)
Bradley Grinage, MD
Rebecca Klingler, MD
Charles Millhuff, DO
Taylor Porter, MD
Vishal Adma, MD, MS, CMQ, CPE
Karen Moeller, PharmD, BCPP

Committee Members Absent:

Nicole Ellermeier, PharmD
Holly Cobb, ARNP

KDHE Staff Present:

Dr. Greg Lakin, DO, Medicaid Medical Director, State Chief Health Officer, KDHE and DHCF
Annette Grant, RPh, KDHE/DHCF
Roxanne Chadwell, PharmD, CSP, KDHE/DHCF
Carol Arace, KDHE/DHCF

MCO Representatives Present:

Jennifer Murff, RPh – United Healthcare
Lisa Todd, RPh, BBA – Amerigroup
Angie Zhou, Pharm. D. – Sunflower

DXC/HID Staff Present:

Karen Kluczykowski, RPh
Kathy Kaesewurm, RN, BSN
Ellen McCaffrey, BSN, MSN

Representatives:

Sharon Cain; Amy Campbell, KMHC;
Mark Herlent,
Lundbeck; Jody Legg,
Alkames; Roy Lindfield,
Sunovich; William Mack, Amerigroup;
Lora Thornburg,
Sunflower; Brenda Woods, DCF

*Illegible names on the sign in sheet were not included.

	DISCUSSION	DECISION AND/OR ACTION
I. Call to Order A. Introductions B. Announcements	Call to Order: Dr. Jenkins called the meeting to order at 2:06pm. Dr. Moeller introduced herself to our new Chair, Dr. Jenkins. Announcements: None.	
II. Old Business A. Review and Approval of February 13, 2018 Meeting Minutes	Committee Discussion: Change ‘intern’ to ‘medical student’ with Bonnie Crum’s name on the ‘Representatives’ list. Page 3, Item IV, change ‘first line of defense.’ to ‘first line treatment option.’ Dr. Vishal; Motion to approve as amended. Dr. Porter; Seconded the motion.	The minutes for the February 13, 2018 MHMAC meeting approved as amended unanimously.
III. New Business A. Prior Authorization Criteria 1. ADHD Medications – Safe Use for All Ages	Clinical Public Comment: - No requests were received. Background: Ms. Grant proposed combined criteria for ADHD medications, which consolidated the 3 existing ADHD criteria into one class-specific document. All safety guidelines previously approved by the Committee remained the same. Additionally, the criteria was updated to include an option for written peer-to-peer review, followed by a verbal peer-to-peer review if unable to approve the written request. Four additional agents, along with their corresponding dosing limitations were also added to the criteria. Agents included Adzenys ER, Adzenys XR-ODT, Cotelpla-XR-ODT and Mydayis. Committee Discussion: Remove ‘adult’ from the adult ADHD diagnosis defined in the first sub bullet under the ‘Use in adults > 18 years of age:’ criteria.	Dr. Moeller; Motion to approve as amended. Dr. Adma; Seconded the motion. The motion carried unanimously.
III. New Business A. Prior Authorization Criteria 2. Antidepressant Medications - Safe Use for All Ages	Clinical Public Comment: - No requests were received. Background: Ms. Grant proposed combined criteria for Antidepressant medications, which consolidated the 4 existing antidepressant criteria into one class-specific document. All safety guidelines previously approved by the Committee remained the same. Additionally, the criteria was updated to include an option for written peer-to-peer review, followed by a verbal peer-to-peer review if unable to approve the written request. Four additional agents were also added to the criteria. Agents included Khedezla, Luvox CR, Prozac Weekly and Trintellix. Committee Discussion:	Dr. Porter; Motion to approve as amended. Dr. Millhuff; Seconded the motion. The motion carried unanimously.

	DISCUSSION	DECISION AND/OR ACTION
	Change the age in the Multiple Concurrent Use criteria from 18 to 13 years of age and added ‘(excluding mirtazapine and/or trazodone used as sleep aids)’ to the criteria.	
III. New Business A. Prior Authorization Criteria 3. Antipsychotic Medications - Safe Use for All Ages	<p>Clinical Public Comment: - No requests were received.</p> <p>Background: Ms. Grant proposed combined criteria for Antipsychotic medications, which consolidated the 3 existing antipsychotic criteria into one class-specific document. All safety guidelines relating to the provider type, diagnosis, multiple concurrent use and dosing limitations previously approved by the Committee remained the same. The revised document proposed that the safety criteria regarding lab requirements/monitoring, assessment documentation, screening and non-pharmacological interventions be removed from the criteria to simplify the prior authorization process and then rely on the prescriber to follow through with these general prescribing recommendations without the PA requirement. It was also proposed that documentation of specific lab requirements within the renewal criteria be changed to a prescriber attestation. Renewal criteria requiring that the patient be stable and seen in the past year was also added. Three additional agents, along with their corresponding dosing limits were added. Agents included Abilify Discmelt, Loxitane and Versacloz.</p> <p>Committee Discussion: Updated the ≥ 65 years of age bullet. Providing a screenshot of all the changes:</p> <div><p>o For patients > 65 years of age residing within a long term care facility (long-term care, non-dual eligibility group) (must meet one of the following):</p><ul style="list-style-type: none">▪ Must have a dDiagnosis of schizophrenia, schizoaffective type, delusional disorder, and unspecified psychotic disorders other non-mood psychotic disorders (F20-F29), Huntington's disease (G10), Tourette's syndrome (F95.2), bipolar disorder, adjunctive treatment of major depressive disorder or irritability associated with autistic disorder, or current edition of DSM approved indications for antipsychotic medication use.▪ Dementia/major neurocognitive disorder for the treatment of agitation or psychosis when symptoms are severe or dangerous to self or others.<p>• MULTIPLE CONCURRENT USE:</p><ul style="list-style-type: none">o For patients receiving multiple antipsychotics concurrently, prior authorization will be required for:<ul style="list-style-type: none">▪ Patients < 18 years of age, when two or more antipsychotics used concurrently for greater than 6090 days (includes oral and long-acting injectables)<ul style="list-style-type: none">• Must be prescribed by or in consultation/collaboration with a psychiatrist, neurologist, developmental/behavioral pediatrician▪ Patients ages ≥ 18 years of age, when three or more antipsychotics used concurrently for greater than 60 days (includes oral and long-acting injectables)<ul style="list-style-type: none">• Must be prescribed by or in consultation/collaboration with a psychiatrist</div> <td><p>Dr. Adma; Motion to approve as amended.</p><p>Dr. Grinage; Seconded the motion.</p><p>The motion carried unanimously.</p></td>	<p>Dr. Adma; Motion to approve as amended.</p> <p>Dr. Grinage; Seconded the motion.</p> <p>The motion carried unanimously.</p>

	DISCUSSION	DECISION AND/OR ACTION
	Added under 'Length of Approval: 12 months the line, '*A one-time 30-day override for this criteria requirement will be available to dispensing pharmacies through the Point-of-Sale PBM adjudication system.'. Added 'or caregivers' to the last bullet under 'Note – General prescribing recommendations:'. Deleted 'Prochlorperazine maleate (Compazine®, Compro®)' from the list of available agents. Request to research DSM vs FDA approved indications for antipsychotic medication use.	
III. New Business A. Prior Authorization Criteria 4. Benzodiazepine Medications – Safe Use for All Ages TABLE	<p>Clinical Public Comment: - No requests were received.</p> <p>Background: Ms. Grant proposed combined criteria for Benzodiazepine medications, which consolidated the 2 existing benzodiazepine criteria into one class-specific document. All safety guidelines previously approved by the Committee remained the same. Additionally, the criteria was updated to include an option for written peer-to-peer review, followed by a verbal peer-to-peer review if unable to approve the written request. The length of approval for all criteria was changed to 12 months.</p> <p>Committee Discussion:</p>	<p>Dr. Adma; Motion to approve.</p> <p>Dr. Porter; Seconded the motion.</p> <p>The motion carried unanimously.</p>
III. New Business A. Prior Authorization Criteria 5. Mental Health Medications – Safe Use for All Ages	<p>Clinical Public Comment: - No requests were received.</p> <p>Background: Ms. Grant proposed combining all the PAs into one document and having one Mental Health Medication PA form using the same safety guidelines the Committee had just approved.</p> <p>Committee Discussion:</p>	Tabled
IV. Open Public Comment*	<p>Clinical Public Comment: - No requests were received.</p> <p>Dr. Sharon Cain with the University of Kansas School of Medicine and Brenda Woods with the Department of Children and Families spoke on issues involving children in Foster Care.</p>	
V. Adjourn	<p>Committee Discussion: Dr. Moeller: Motion to adjourn. Dr. Klingler: Second the motion.</p>	Dr. Jenkins adjourned the May 8, 2018 MHMAC meeting at 4:00pm.
<p>*Clinical and open public comment requests and written testimony must be submitted one week prior to meeting to Annette.Grant@ks.gov. If providing clinical comment, please indicate which agenda item you are requesting time to comment. Time limits during period of comment will be determined based on number of requests received. The next MHMAC meeting is scheduled for August 14, 2018.</p>		